

Basics of KCHIP

- Covers children from birth up to their 19th birthday
- Family income must be under 200% of poverty (income of the natural or adoptive parents residing in the same household as the child)
- Example incomes: Family of 2: Monthly income \$1875;
 Family of 5: Monthly income \$3325
- You may not be required to verify income. Some deductions are allowed such as work expense and child care deduction for children under 14.
- Child must not already have health insurance, if eligible in the higher income levels (Phase III)
- Family has not voluntarily dropped health insurance on the child within the past 6 months, if eligible in the higher income levels.
- Children are US citizens or have proof of “resident alien” status (parent’s citizenship is NOT a factor in the child’s eligibility)
- Child must have a social security number or be willing to apply for one
- If the child is pregnant, she may qualify for Medicaid.
- Benefits are same as traditional Medicaid (office visits, dental care, immunizations, well child (EPSDT), mental health, pharmacy, vision care, hospital care, etc. (the card is purple if you are between 151% and 200% of poverty income and services such as non-emergency medical transportation and EPSDT Special Services are not covered).

Applications are available at

- Local health departments
- Department for Community Based Services offices
- Family Resource and Youth Service Centers
- Head start
- Commission for Children with Special Health Care Needs
- and other social and health service offices in counties.

Or call the KCHIP hotline:

1-877-524-4718 (TTY 1-877-524-4719) 8 am to 9 pm M-F.

Send a completed application to your local Department for Community Based Services (DCBS) office or to KCHIP PO Box 1704 Louisville, KY 40201 (same form is used for traditional Medicaid).

- You should receive written notification within 30 days if you are eligible or ineligible. You can appeal if deemed ineligible.
- You will be assigned a caseworker from the local Department for Community Based Services who will be your contact.
- If you are in a Medicaid Managed Care region you will be sent a letter from that agency asking you to choose a primary care provider.
- You will receive a card to present for medical services.

For further information about services covered, call the Department for Medicaid Services Member services toll-free line at 1-800-635-2570 (TTY 1-800-775-0296).

For Provider service questions, call (502) 564-2687



Kentucky Commission for Children with Special Health Care Needs
KY TEACH Project



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